

# RESTAURANT MEALS PROGRAM INFORMATION FORM

**Restaurant Name:** \_\_\_\_\_

**Owner(s) Name(s)**, as shown on business license permits:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Contact Person(s) Name(s):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone Number (s): \_\_\_\_\_

Cell phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

The information above will be used to prepare the Memorandum of Understanding (MOU) that will be mailed to you along with the Food and Nutrition Service (FNS) application for Meal Services.